

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH									
-62-003870									
STATE FILE NUMBER									
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1258									
AMENDED									
FILED FEB 7 1962									
1. PLACE OF DEATH									
a. COUNTY Mo. St. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo Length of stay in 1b									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hospital Inside Limits Yes X No									
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)									
a. STATE Mo. COUNTY St. Louis									
c. CITY OR TOWN Ladue Inside Limits Yes X No									
d. STREET ADDRESS (If outside, give location) 27 Picardy Lane Reside on Farm Yes No X									
3. NAME OF DECEASED									
First Middle Last JOHN C HARRIS									
4. DATE OF DEATH Jan. 27 1962									
5. SEX Male									
6. COLOR OR RACE White									
7. MARRIAGE STATUS									
Never Married X Widowed Divorced									
8. DATE OF BIRTH 2/7/1896									
9. AGE (last birthday) 65									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. Harris Lumber Co. Pilot Grove Mo. U. S. A.									
10b. KIND OF BUSINESS OR INDUSTRY									
11. BIRTHPLACE (City and state or country)									
12. CITIZEN OF WHAT COUNTRY									
13a. FATHER'S NAME Chas. J Harris									
13b. MOTHER'S MAIDEN NAME Molly Holman									
14. NAME OF HUSBAND OR WIFE Louise Trask Harris									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes W. W. 1									
16. SOCIAL SECURITY NO.									
17. INFORMANT Address Louise Harris 27 Picardy Lane									
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of aortic (abd.) aneurysm									
INTERVAL BETWEEN ONSET AND DEATH 5 min									
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) 451X									
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)									
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown									
19. WAS AUTOPSY PERFORMED? YES X NO									
20a. ACCIDENT SUICIDE HOMICIDE									
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK									
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)									
20f. CITY, TOWN, OR LOCATION COUNTY STATE									
21. I attended the deceased from Aug 19, 1943 to Jan 27, 1962 and last saw him alive on Jan 27, 1962									
Death occurred at 4 P M on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Joseph B. Hendrix (Degree or title) M.D.									
22b. ADDRESS 9621 V. T. Avenue St. Louis 8 Mo									
22c. DATE SIGNED 1/29/62									
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation									
23b. DATE Jan 30 1962									
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory									
23d. LOCATION (City, town, or county) (State) St. Louis County Mo									
24. FUNERAL DIRECTOR C. R. Lupton and Sons 7233 Delmar									
25. DATE RECD. BY LOCAL REG. JAN 29 1962									
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.									

Harris

City Vise

Dr. Jos. Kendis Pr. 1-6080

1:30-4:30 PM

462 N. TAYLOR

Jo. 3-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.